

DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under
my name;

I verily believe I am the original, first and sole inventor (if only one name
is listed below) or an original, first and joint inventor (if plural names are
listed below) of the subject matter which is claimed and for which a patent is
sought, namely the invention entitled: Method for making a card with multiple con-
tact tips for testing microsphere integrated circuits, and testing device using
said described and claimed in international application number PCT/FR01/02411
filed 24 July 2001.

I have reviewed and understand the contents of the above-identified
specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me
to be material to patentability as defined in Title 37, Code of Federal Regulations
§1.56. Under Title 35, U.S. Code §119, the priority benefits of the following
foreign application(s) filed within one year prior to my international application
are hereby claimed:

French Patent Application n° 0009930, filed on 28 July 2000

The following application(s) for patent or inventor's certificate on this
invention were filed in countries foreign to the United States of America either
(a) more than one year prior to my international application, or (b) before the
filing date of the above-named foreign priority application(s):

None

I hereby appoint the following as my attorneys of record with full power of
substitution and revocation to prosecute this application and to transact all
business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this
Declaration, and that all statements made herein of my own knowledge are true and
that all statements made on information and belief are believed to be true; and
further that these statements were made with the knowledge that willful false
statements and the like so made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States Code and that such willful false
statements may jeopardize the validity of the application or any patent issued
thereon.

1-00 Typewritten Full Name of Sole or First Inventor André BELMONT
Given Name André Family Name BELMONT
2 Inventor's Signature [Signature]
3 Date of Signature 25 February 2002
Residence La Batie Divisin FRX FRANCE
City State or Province Country
Citizenship French
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Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and
insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

2-00
1 Typewritten Full Name of Joint Inventor Laurent ROBERT
Given Name Middle Initial Family Name
2 Inventor's Signature [Signature]
3 Date of Signature 25 February 2002
Residence Voiron FRX FRANCE
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3-00
1 Typewritten Full Name of Joint Inventor Abdel, Nacer AIT MANI
Given Name Middle Initial Family Name
2 Inventor's Signature [Signature]
3 Date of Signature 25 February 2002
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City State or Province Country
Citizenship French
Post Office Address 9, rue Gay
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10070833-031101
1 Typewritten Full Name of Joint Inventor _____
Given Name Middle Initial Family Name
2 Inventor's Signature _____
3 Date of Signature _____
Residence _____
City State or Province Country
Citizenship _____
Post Office Address _____
(Insert complete mailing address, including country) _____

20170833-031101
1 Typewritten Full Name of Joint Inventor _____
Given Name Middle Initial Family Name
2 Inventor's Signature _____
3 Date of Signature _____
Residence _____
City State or Province Country
Citizenship _____
Post Office Address _____
(Insert complete mailing address, including country) _____

1 Typewritten Full Name of Joint Inventor _____
Given Name Middle Initial Family Name
2 Inventor's Signature _____
3 Date of Signature _____
Residence _____
City State or Province Country
Citizenship _____
Post Office Address _____
(Insert complete mailing address, including country) _____

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.